

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

APR -6 2012

MA Theresa L. Arcangel
Health Services Administrator
Department of Public Health and Social Services
Bureau of Health Care Financing
123 Chalan Kareta
Mangilao, Guam 96913-6304

RE: Guam SPA 11-005

Dear Ms. Arcangel:

We have reviewed the proposed amendment to Attachments 4.19-A, 4.19-B, and 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-005. This amendment proposes for the non-payment of identified provider-preventable conditions (PPCs), effective October 1, 2011.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 11-005 is approved effective October 1, 2011. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,


Cindy Mann
Director, CMCS

Enclosures

cc: Mary Rydell, CMS Pacific Area Representative